

Mission

The University Counseling Center's (UCC) mission is to encourage, support and assist students by providing a broad range of psychological, counseling and educational services to deal with personal, interpersonal, vocational and academic issues. The Counseling Center also provides outreach programs and consultation services to students, faculty, and staff; classroom teaching; and training for graduate students in counseling.

What are Outreach & Group?

Outreach and group counseling serve as functions of a college counseling that work to increase the efficiency with which services are provided. **Outreach** is designed to increase stakeholder awareness of mental health concerns, facilitate the development of self-care skills and to invite potential clients to access counselor prior to reaching a crisis state. **Group counseling** is designed to leverage the universality of the human experience to facilitate client intrapersonal growth and symptom reduction.

Methods

Counseling Center Assessment of Psychological Symptoms (CCAPS; Locke et al., 2011; Locke et al., 2012)

CCAPS is available in long (62) and short (34) forms. Symptoms consistent with depression, generalized anxiety, social anxiety, academic distress, eating concerns, family distress, hostility, and substance/alcohol use and total distress are assessed on a four-point Likert type scale. Reliabilities for subscales range from 0.82 to 0.91 internal consistency alphas and two week test-retest correlations between 0.77 and 0.92.

GAD-7 (Spitzer et al., 2006)

GAD-7 is a 7-item self-report screening tool for anxiety disorders. Respondents endorse symptoms on a 4-point Likert-type scale. Higher scores indicate more anxiety symptoms. The authors reported an internal consistency statistic of $\alpha = 0.92$ and test-retest reliability of $r = 0.83$.

Harvard Department of Psychiatry/National Depression Screening Day Tool (HANDS; Baer et al., 2000).

HANDS is a 10-item self-report screening tool for depressive symptoms. Respondents endorse frequency of symptoms on a four-point scale with higher scores indicating greater frequency. An internal consistency alpha of 0.87 was reported by the HANDS' authors.

Self-Compassion Scale – Short Form (SCS-SF; Raes et al., 2011).

SCS-SF is a 12-item self-report scale where respondents endorse agreement with self-compassionate thoughts on a five point Likert-type scale. Higher scores indicate greater self-compassion. The SCS-SF's authors report an internal consistency statistic of $\alpha = 0.86$.

UCC-Developed Pre/Post Suicide Gatekeeper Training Assessment

A modified pre/post assessment based on the assessment provided as part of Campus Connect. Respondents endorse familiarity with suicide assessment-related terminology and comfort supporting a person in distress on a 4-point Likert-type scale. Respondents also provide qualitative feedback on this form.

Results

Suicide Gatekeeper Workshop Pre/Post Scores

	Mean	St. Dev
Pre	2.67	.44
Post	3.45	.37

$n = 117$, $t = -20.6$, significant $\alpha = 0.025$

Participants reported having greater awareness of suicide assessment-related terminology and greater comfort in providing support to a person in crisis.

CCAPS Scores Graduate Student Process Group Spring 2016

	Pre Mean	Pre SD	Post Mean	Post SD
Depression*	52.8	21.9	30.0	14.1
Generalized Anxiety	37.0	26.4	25.0	17.1
Social Anxiety	71.0	16.3	60.5	22.2
Academic Distress	26.3	15.0	19.7	13.8
Eating Concerns	63.5	23.5	68.8	20.3
Hostility*	45.8	26.0	37.2	22.6
Substance/Alcohol Concerns	56.2	14.3	51.7	7.7
Distress*	38.5	21.9	21.0	16.1

$n = 6$; * sig $\leq \alpha = 0.05$

Participants in the Graduate Student Process Group met for 10 weeks over the course of the semester for 90-minutes each time. Significant decreases in CCAPS depression, hostility, and overall distress scores was observed. CCAPS, however, only partially captures data of interest.

Qualitative feedback was requested as symptom reduction was not the central goal for the group. Participants reported increased confidence in navigating inter- and intrapersonal development objectives.

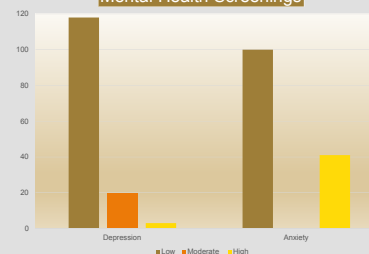
SCS-SF Scores Mindful Awareness Group Fall 2015

	Mean	St. Dev
Pre	3.00	.49
Post	2.70	.71

$n = 5$, $t = 2.55$, $\alpha = 0.06$

Participants did not endorse significant changes on the SCS-SF and actually trended towards less self-compassion during the Fall 2015. Post administration review of the assessment led to UCC staff concluding that the SCS-SF's items were not consistent with the MAG's learning outcomes. As such, SCS-SF has not been used for subsequent MAG rotations.

Mental Health Screenings



In conjunction with the Office of Wellbeing, the UCC screened for both depression and anxiety during the week of April 14-18, 2016. Of the 141 faculty, staff, and students screened, 135 provided useable data. Most endorsed low symptomatology. All participants received information about available services for support when/if distress was present.

Conclusions

The data for UCC outreach and group counseling support continued investment of staff time in these services. Continued assessment to identify the best time for 'booster' sessions for both workshops and groups might allow for the retention of gains made. Also, our experience over the year has served as a reminder that evaluation of construct validity is key to a successful assessment program.

References

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